

ANNUAL REPORT OF ENDOWMENT CARE FUND
CALENDAR YEAR ENDING DECEMBER 31, _____
FORM ARECF (3/2003)

THIS REPORT MUST BE RECEIVED BY THE ALABAMA INSURANCE DEPARTMENT WITHIN
NINETY (90) DAYS AFTER THE END OF THE PRIOR CALENDAR YEAR

NAME OF ENDOWMENT CARE CEMETERY

ADDRESS OF ENDOWMENT CARE CEMETERY

TELEPHONE NUMBER OF ENDOWMENT CARE CEMETERY

IF TRUSTEE IS A FINANCIAL INSTITUTION:

TRUSTEE'S NAME _____
ADDRESS OF TRUSTEE _____

IF TRUSTEE IS A THREE MEMBER BOARD:

TRUSTEE'S NAME : _____
TRUSTEE'S BOND COMPANY: _____
BOND NUMBER(S): _____

TRUSTEE'S NAME : _____
TRUSTEE'S BOND COMPANY: _____
BOND NUMBER(S): _____

TRUSTEE'S NAME : _____
TRUSTEE'S BOND COMPANY: _____
BOND NUMBER(S): _____

AMOUNT HELD BY TRUSTEE ON BEHALF OF ENDOWMENT CARE CEMETERY _____

The Cemetery Authority must file with this Annual Report the statement provided by the trustee to the cemetery authority that completely discloses all activity since the previous account and the statement detailing fund investments as required by Section 27-17A-52, Code of Alabama 1975.

I hereby certify, to the best of my knowledge and belief, that

Name of Endowment Care Cemetery

is in compliance with Section 27-17-45 through Section 27-17A-56, Code of Alabama 1975.

Signature of Cemetery Authority

Date